04/19/2007 15:46

Image# 27930659525

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other I nan an Authorized Committee	Office Use Only
	USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines	
American Physical Therapy A	Association Physical Therapy Political Action Committee	
ADDRESS (number and street)	1111 North Fairfax St.	
Check if different		
than previously reported. (ACC)	Alexandria	VA 22314 -
2. FEC IDENTIFICATION NUM	BER V CITY A	STATE A ZIPCODE A
C00012880	3. IS THIS REPORT X NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	X Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report(Q	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
Quarterly Report(Q2 October 15 Quarterly Report(Q3	Report for the: Convention (12C)	Special (12G)
January 31 Quarterly Report(YE		in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 0.3	0 1 2 0 0 7 through 0 3	31 2007
•	Report and to the best of my knowledge and belief it is true, correct Mr David Mason	and complete.
Type or Print Name of Treasurer	- Mi Bava Mason	
Signature of Treasurer Electron	nically Filed by Mr David Mason [Date 04 19 2007
NOTE : Submission of false, erron	neous, or incomplete information may subject the person signing th	is Report to the penalties of 2 U.S.C 437g.
Office Use		FEC FORM 3X (Rev. 02/2003)

Image# 27930659526

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Report Covering the Period: From:	01 2007	To: 0 3 3 1 2 0 0
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2007 Y		369222.18
(b) Cash on Hand at Begining of Reporting Period	372530.89	
(c) Total Receipts (from Line 19)	18425.81	94734.52
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	390956.70	463956.70
Total Disbursements (from Line 31)	139540.35	212540.35
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	251416.35	251416.35
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee

(PI-PA

М М 0^D1 М М 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9901.00 42688.00 (i) Itemized (use Schedule A) 7514.45 48964.98 (ii) Unitemized (iii) TOTAL (add 17415.45 91652.98 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 17415.45 91652.98 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 1010.36 3081.54 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 18425.81 94734.52 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 18425.81 94734.52 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMEN	TS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-F 		-	
Activity (from Schedu		0.00	0.00
(i) Federal Share		0.00	0.00
(ii) Non-Federal Sha		0.00	0.00
(b) Other Federal Operat Expenditures	•	0.00	0.00
(c) Total Operating Experimental (add 21(a)(i), (a)(ii) ar		0.00	0.00
2. Transfers to Affiliated/Othe	1 11	5.00	
Committees	·	0.00	0.00
 Contributions to Federal Candidates/Command Other Political Commit 	ittees	136000.00	209000.00
I. Independent Expenditure			
(use Schedule E)	Made by Party	0.00	0.00
Committees (2 U.S.C. 441 (use Schedule F)	a(d))	0.00	0.00
. Loan Repayments Made		0.00	0.00
7. Loans Made		0.00	0.00
 Refunds of Contributions 7 (a) Individuals/Persons C Than Political Commit 	ther	0.00	0.00
Thair Foldodi Gomini			
(b) Political Party Commi		0.00	0.00
(c) Other Political Comm (such as PACs)		0.00	0.00
(d) Total Contribution Re		0.00	0.00
(add Lines 28(a), (b),			
Other Disbursements		3540.35	3540.35
 Federal Election Activity (2 (a) Shared Federal Election 			
(from Schedule H6)	on Activity		
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activ With Federal Funds		0.00	0.00
(c) Total Federal Election Lines 30(a)(i), 30(a)(* `	0.00	0.00
. Total Disbursements (add	Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d),	29 and 30(c))	139540.35	212540.35
. Total Federal Disburseme			
(subtract Line 21(a)(ii) from Line 31)	1 / 1 /	139540.35	212540.35
		103040.00	212040.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17415.45	91652.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17415.45	91652.98
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 40
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Physical Therapy Association (PT-PA	Physical 7	Therapy Political Action Com	nmittee
Α.	Full Name (Last, First, Middle Initial) Ms. Olive Whitehead			Date of Receipt
	Mailing Address PO Box 37	03 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 19293315
	Jackson	AL	36545-0037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Health Actions	Occupation PT	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		000,00	1
	Other (specify) ▼	0 0	320.00	
В.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Melzer			Date of Receipt
	Mailing Address 148 Cas-Hills Drive	03 14 2007		
	City	State	Zip Code	Transaction ID: 19337929
	Castle Hills	TX	78213-3322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Texas State University - San Marcos	Occupation PT	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	1500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Michael H. Morgan			Date of Receipt
	Mailing Address 264 Heights Road			03 14 2007
	City	State	Zip Code	Transaction ID: 19337930
	Darien	CT	06820-4122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Darien Physical Therapy Center	Occupation PT	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
1				

<u> </u>]		FOR LINE NUMBER: PAGE 7 / 40
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Physical Therapy Association (PT-PA	Physical T	herapy Political Action Com	ımittee
Α.	Full Name (Last, First, Middle Initial) Mr. Steven Cassabaum			Date of Receipt
	Mailing Address 62944 Sunset Drive	03 / 04 / 2007		
	City	State	Zip Code	Transaction ID: 19337938
	Nevada	IA	50201-7947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer 21st Century Réhab	Occupation PT	1	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		750.00]
В.	Full Name (Last, First, Middle Initial) Dr. Johanna Hendrina M Janssen			Date of Receipt
	Mailing Address 104 Oakview Drive	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: 19337945
	Elon	NC	27244-9360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Elon University	Occupation PT	1	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1.99.19	1 1 1 1 1 1 1 1	1
	Other (specify) ▼		450.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mrs. Pamela G Unger			Date of Receipt
	Mailing Address 443 Wentz St			03 14 YYYY 2007
	City	State	Zip Code	Transaction ID: 19337950
	Kutztown	PA	19530-1033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Center for Advanced Wound Care	Occupation PT	١	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00]
٩	UBTOTAL of Receipts This Page (optional)			500.00
\vdash	CDI TIAL OF TICOOPEO THIS T age (optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 40 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Physical Therapy Association (PT-PA	Physical T	Therapy Political Action Com	nmittee
Α.	Full Name (Last, First, Middle Initial) Mr. Patrick Donovan Graham			Date of Receipt
	Mailing Address PO Box 8068			03 / 14 / 2007
	Columbus	State GA	Zip Code 31908-8068	Transaction ID: 19337956 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HPRC	Occupation PT	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	P Year-to-Date ▼ 750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kathleen Galica Devine			Date of Receipt
	Mailing Address 4141 S Tamiami Trail	03 14 YYYY 2007		
	City	State	Zip Code	Transaction ID: 19337980
	Sarasota FEC ID number of contributing federal political committee.	C	34231-3600	Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation PT	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
C.	Full Name (Last, First, Middle Initial) Ms. Cindy Schwenkler Mailing Address 5677 Oberlin Drive Suite	106		Date of Receipt
	City	State	Zip Code	0 3 1 4 2 0 0 7 Transaction ID: 19338457
	San Diego	CA	92121-1741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		417.00
	Name of Employer Comprehensive Therapy Ser- vices	Occupation PT	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1251.00	
	URTOTAL of Receipts This Page (ontional)			767.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/40
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Physical Therapy Association (PT-PA	Physical 7	Therapy Political Action Con	nmittee
Α.	Full Name (Last, First, Middle Initial) Dr. Nancy B. Reese			Date of Receipt
	Mailing Address 3335 Chimney Rock	03 14 2007		
	City	State	Zip Code	Transaction ID: 19338609
	Conway	AR	72034-3314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer University of Central Ark- ansas	Occupation PT	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		00000	1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Laurie Kendall-Ellis			Date of Receipt
	Mailing Address 77 Peck Hill Road	03 14 2007		
	City	State	Zip Code	Transaction ID: 19338799
	Woodbridge	CT	06525-1306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Allied Health & Rehabilit- ation	Occupation PT	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			B. (B.)
C.				Date of Receipt
	Mailing Address 10 Pinewood Road			03 14 2007
	City	State	Zip Code	Transaction ID: 19339891
	Plymouth	MA	02360-5025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02300-3023	100.00
	Name of Employer MA Bay Spine & Sport PT	Occupation PT	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			300.00

S	CHEDULE A (FEC Form 3X)		lles servets selective(s)	FOR LINE NUMBER: PAGE 10 / 40
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)			
\rangle	American Physical Therapy Association (PT-PA	Physical T	herapy Political Action Com	nmittee
Α.	Full Name (Last, First, Middle Initial) Mr. Paul D. Gaspar			Date of Receipt
	Mailing Address 748 Lynwood Drive			03 14 2007
	City	State	Zip Code	Transaction ID: 19340189
	Encinitas	CA	92024-2389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		584.00
	Name of Employer Gaspar Physical Therapy	Occupation PT	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1752.00	1
	Other (specify)		1702.00	J.
<u> </u>	Full Name (Last, First, Middle Initial) Peter J McMenamin			Date of Receipt
	Mailing Address 25 E Washington St Su	03 14 2007		
	City	State	Zip Code	Transaction ID: 19340554
	Chicago	IL	60602-1708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Physical Therapy Chicago	Occupation PT	ו	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)	0 0	730.00	
<u> </u>	Full Name (Last, First, Middle Initial) Stephen McDavitt			Date of Receipt
	Mailing Address 49 Spring Street 3rd Flo	or		03 14 2007
	City	State	Zip Code	Transaction ID: 19340618
	Scarborough	ME	04074-8926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation PT	1	
	Receipt For:		Year-to-Date ▼	
	Primary General		320.00	1
	Other (specify) ▼		020.00	1
	UBTOTAL of Receipts This Page (optional)			934.00
۲	COLOTAL OF RECEIPES THIS Fage (optional)			

0]		FOR LINE NUMBER: PAGE 11 / 40
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any pers	
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Physical Therapy Association (PT-PA	Physical T	herapy Political Action Con	ımittee
A.	Full Name (Last, First, Middle Initial) Ms. Lynda D. Brown			Date of Receipt
	Mailing Address 850 Road 5	03 14 2007		
	City	State	Zip Code	Transaction ID: 19341031
	Powell	WY	82435-8422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Advantage Rehab	Occupation PT	١	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		7
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Onuwa Djyata Terry			Date of Receipt
	Mailing Address 1918 E Griffen Pkwy	M M / D D / Y Y Y Y		
		03 14 2007		
	City	State	Zip Code	Transaction ID: 19341643
	Mission	TX	78572-3106	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			100.00
	Name of Employer	Occupation	1	\dashv
	Name of Employer Terry Physical Therapy	PT '		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼	0 0	300.00	1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael Shannon O'Kelley			Date of Receipt
	Mailing Address 1519 132nd Street SE 3	Suite A		M M / D D / Y Y Y Y
				03 14 2007
	City	State	Zip Code	Transaction ID: 19341989
	Everett	WA	98208-7203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	1	□
	Kitsap Physical Therapy Bainbridge Isl	PT		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		300.00	<u> </u>
_				
				300.00
S	UBTOTAL of Receipts This Page (optional)			300.00
				_

S	CHEDULE A (FEC Form 3X)		l la a agravata a abadula(a)	FOR LINE NUMBER: PAGE 12 / 40
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Physical Therapy Association (PT-PA	Physical T	Therapy Political Action Com	mittee
Α.	Full Name (Last, First, Middle Initial) Ms. Judith Hickes			Date of Receipt
	Mailing Address 111 Rothsville Station F	load		03 14 2007
	City	State	Zip Code	Transaction ID: 19342204
	Lititz	PA	17543-8882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer BHB Rehab Services	Occupation PT	1	7
	Receipt For:	1	Year-to-Date ▼	+
	Primary General	133.134.11		1
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. John Hendrickson	- DI		Date of Receipt
	Mailing Address 8911 N Port Washingto	03 14 2007		
	City	State	Zip Code	Transaction ID: 19342264
	Milwaukee	WI	53217-1634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Sport Clinic	Occupation PT	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼		000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mrs. Maryann Russo			Date of Receipt
	Mailing Address 3632 Wildwood Street			03 14 2007
	City	State	Zip Code	Transaction ID: 19342621
	Yorktown Heights	NY	10598-1129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation PT	1	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		200.00	1
	Other (specify)		300.00	
Г				
。	UBTOTAL of Receipts This Page (optional)			300.00
۲	CD: OTAL or Hobelpto This Lage (optional)			

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 13 / 40
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
Ž.	NAME OF COMMITTEE (In Full)			
\rangle	American Physical Therapy Association (PT-PA	Physical T	herapy Political Action Com	mittee
Α.	Full Name (Last, First, Middle Initial) Mr. Steven Gary Crandall			Date of Receipt
	Mailing Address 1838 E Rich Way			03 16 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19420458
	Salt Lake City	UT	84121-4881	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hand & Orthopedic Special-	Occupation	١	7
	ists	PT	Year-to-Date ▼	_
	Primary General	Aggregate	Teal-to-Date V	1
	Other (specify) ▼		250.00	
				•
В.	Full Name (Last, First, Middle Initial) Ms. Janice D. Smith			Date of Receipt
	Mailing Address 1555 California Street A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 19491561
	Denver	CO	80202-4275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation PT	١	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
— С.	Full Name (Last, First, Middle Initial) Ms. Maureen Kavalar			Date of Receipt
٠.	Mailing Address 6529 N Braeburn Lane			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 19491566
	Glendale	WI	53209-3323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Easter Seals	Occupation PT	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	
	Other (specify)		100.00	
	UBTOTAL of Receipts This Page (optional)			700.00
F	COLOTAL OF NECERPLS THIS Page (optional)		······································	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 40
ITEMIZED RECEIPTS	or each category of the	(check only one)
TI LIVIIZED TIEOLII 13	Detailed Summary Page	X 11a 11b 11c 12
A : (:: : : : : : : : : : : : : : : : :		13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Physical Therapy Association (PT-PA	n Physical Therapy Political Action Co	ommittee
Full Name (Last, First, Middle Initial) A. Mr. Jay H. Segal		Date of Receipt
Mailing Address 1537 Bent River Circle		03 21 YYYY 2007
City	State Zip Code	Transaction ID: 19491575
Birmingham	AL 35216-5394	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer HPRC	Occupation PT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial)		Data of Daggiet
Timothy Schell Mailing Address 201 B Erie Street		Date of Receipt
Mailing Address 201 B Elle Street		03 21 2007
City	State Zip Code	Transaction ID: 19491577
Grove City	PA 16127-1610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Name of Employer Self-Employed	PT '	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial)		
Jim M McLean		Date of Receipt
Mailing Address PO Box 767		03 22 2007
City	State Zip Code	Transaction ID: 19499077
Frenchtown	MT 59834-0767	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Frenchtown PT	Occupation PT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		850.00
(optional or neceipts this rage (optional)		

C				FOR LINE NUMBER: PAGE 15 / 40
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Physical Therapy Association (PT-PA	Physical T	herapy Political Action Con	ımittee
A.	Full Name (Last, First, Middle Initial) Ms. Ellen O'Bannon			Date of Receipt
	Mailing Address 901 Whippoorwill Row			03 26 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19506960
	West Palm Beach	FL	33411-5232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer RCCA	Occupation PT	ו	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.00	7
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Timothy Tyler			Date of Receipt
	Mailing Address 62 Stebbins Avenue			M M / D D / Y Y Y Y
	0::		7' 0 1	03 26 2007
	City	State	Zip Code	Transaction ID: 19506961
	Eastchester	NY	10709-3829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
		10		_
	Name of Employer PRO Sports PT of Westches-	Occupation PT	1	
	ter Receipt For:	1	Year-to-Date ▼	-
	Primary General	Aggregate	Teal to Bate V	7
	Other (specify)	1	1000.00	
				-
C.	Full Name (Last, First, Middle Initial) Mr. James M. Syms			Date of Receipt
	Mailing Address PO Box 406			M M / D D / Y Y Y Y
	City	State	Zip Code	0 3 2 6 2 0 0 7 Transaction ID: 19506972
	Lake Arrowhead	CA	92352-0406	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Loma Linda University	Occupation PT	1	
	Receipt For:	1	Year-to-Date ▼	7
	Primary General			7
	Other (specify)		500.00]
				2000 00
s	UBTOTAL of Receipts This Page (optional)			2000.00
\vdash				-

_		1		FOR LINE NUMBER: PAGE 16 / 40
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 40 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
\setminus	NAME OF COMMITTEE (In Full)			
\angle	American Physical Therapy Association I (PT-PA	Physical 1	Therapy Political Action Com	mittee
A.	Full Name (Last, First, Middle Initial) Robert James Seton			Date of Receipt
	Mailing Address 1950 Bluewater Blvd Sui	te 101		03 29 2007
	City	State	Zip Code	Transaction ID: 19620135
	Niceville	FL	32578-3888	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	7
	Orthopedic & Sports Phy Therapy Ctr	PT		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
	Cale (openly)	0 0		
В.	Full Name (Last, First, Middle Initial) Ms. Jing Ching Sally Ho			Date of Receipt
	Mailing Address Ho Physical Therapyq			M M / D D / Y Y Y Y
	9675 Brighton Way Suite	250		03 29 2007
	City	State	Zip Code	Transaction ID: 19620136
	Beverly Hills	CA	90210-5180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ho Physical Therapy	Occupation PT	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	_ · · ·	1000.00	
	Other (specify) ▼	1 1		
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Pauline Flesch			Date of Receipt
	Mailing Address Clarian Health Partners 1701 N Senate Ave			03 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19627948
	Indianapolis	IN	46202-5306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clarian Health Partners	Occupation	1	7
	Receipt For:	PT	e Year-to-Date ▼	-
	Primary General	Aggregate	: I Cai-lu-Dale V	
	Other (specify)		520.00	
_				4
s	UBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Other (specify)

FOR LINE NUMBER: PAGE 17/40 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA Full Name (Last, First, Middle Initial) A. Mr. Barney Poole Date of Receipt Mailing Address 109 Emerling Lane 03 30 2007 City State Zip Code Transaction ID: 19627949 **Peachtree City** GA 30269-3220 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Self-Employed Occupation PT Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00

SUBTOTAL of Receipts This Page (optional)	•	350.00
TOTAL This Period (last page this line number only)	•	9901.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 18/40 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA Full Name (Last, First, Middle Initial) SunTrust Bank Date of Receipt Mailing Address Old Town Branch 03 30 2007 King Street City State Zip Code Transaction ID: 19789331 Alexandria VA 22314 Amount of Each Receipt this Period FEC ID number of contributing C 1010.36 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 3081.54 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	1010.36
TOTAL This Period (last page this line number only)	•	1010.36

SCHEDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check only		PAGE 19 / 40
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28	\square
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	e and address of any political co	minitiee to so	icit contributions from suc	TI COMMINICEE
American Physical Therapy Association P (PT-PA	hysical Therapy Political Ac	ction Comm	ttee	
Full Name (Last, First, Middle Initial)			Transaction ID: 19808	B745
Nathan Deal For Congress			Date of Disbursement	
Mailing Address PO Box 902			03	^Y 2007 ^Y
City Gainesville	State Zip Code GA 30503		Amount of Each Disbur	sement this Period
Purpose of Disbursement	GA 30503			2500.00
i dipose di Dispuisement		011		
Candidate Name Mr. Nathan Deal		Category/ Type		
Senate X President	ement For: 2008 Primary General Other (specify)			
State: GA District: 9				
Full Name (Last, First, Middle Initial) Democratic National Committee			Transaction ID: 19808 Date of Disbursement	3749
			M M / D D /	2007
Mailing Address 430 S. Capitol Street, Sl				
City Washington	State Zip Code DC 20003		Amount of Each Disbur	sement this Period
Purpose of Disbursement				15000.00
		011		
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: 19809	2246
Allyson Schwartz for Congress			Date of Disbursement	9240
Mailing Address 38 Ivy Street, SE			03 / 20 /	2007
City Washington	State Zip Code DC 20003		Amount of Each Disbur	sement this Period
Purpose of Disbursement	20000			2500.00
		011		
Candidate Name Allyson Schwartz		Category/ Type		
	ement For: 2008			
Senate X President	Primary General Other (specify) ▼			
State: PA District: 13	Carior (opcomy)			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		20000.00
TOTAL This Poyled (lest page this line auch as a lest				
TOTAL This Period (last page this line number only				

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)			E NUMBE	R:	PA	AGE 20	/ 40
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		check or 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) American Physical Therapy Association Ph (PT-PA	· · · · · · · · · · · · · · · · · · ·							
۹.	Full Name (Last, First, Middle Initial) Battle Born PAC Mailing Address 1155 21st Street, NW				Date	action ID: of Disburse		16 ´ ² 0 ŏ	7 ^Y
		State Zip Code DC 20036			Amou	nt of Each	Disburse	ement this	s Period
	Purpose of Disbursement			11				5000	0.00
	Candidate Name Office Sought: House Disburse	ment For:		egory/ ype					
	Senate President State: District:	Primary General Other (specify)							
3.	Full Name (Last, First, Middle Initial) Bill Shuster For Congress					action ID: of Disburse		29	
	Mailing Address PO Box 27				0,3	M / D2	20 /	ŹOŎ	7
	Hollidaysburg	State Zip Code PA 16648			Amou	nt of Each	Disburse	ement this	
	Purpose of Disbursement Candidate Name Mr. William Shuster		Cate	11 egory/				1000	,,,,,,
		ment For: 2008 Primary General Other (specify)							
Э.	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress				Date	action ID: of Disburse	ement	14	
	Mailing Address P.O. Box 10322				0,3	M / 2	20 /	ŽOŎ	7
	Raleigh	State Zip Code NC 27605			Amou	nt of Each	Disburse	ement this	
	Purpose of Disbursement Candidate Name Mr. Brad Miller		Cate	11 egory/				1000	
		ment For: 2008 Primary General Other (specify)	•						
s	UBTOTAL of Disbursements This Page (optional) .			. •				7000	.00
T	OTAL This Period (last page this line number only)			. •					

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)			E NUMBE	R:	P	AGE 21	/ 40
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check on 21b 27	22 28a	X 23 28b	24 28c	25	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) American Physical Therapy Association Ph (PT-PA								
۸.	Full Name (Last, First, Middle Initial) Castle Campaign Fund Mailing Address P.O Box 133				Date	action ID: of Disburso		256 Ý Ž 0) 7 [°]
	•	State Zip Code DE 19899			Amou	nt of Each	Disburse		
	Purpose of Disbursement Candidate Name			011 tegory/	<u>L.</u>			100	0.00
	Mr. Michael Castle	ment For: 2008		ype	_				
	Senate President State: DE District: 1	Primary General Other (specify) ▼							
3.	Full Name (Last, First, Middle Initial) Cathy McMorris for Congress				Date	action ID:	ement		W W
	Mailing Address P.O. Box 137				0 3	2	0 /	ž0	
	•	State Zip Code WA 99210			Amou	nt of Each	Disburse		
	Purpose of Disbursement Candidate Name			011 tegory/		0 0		150	0.00
	Cathy McMorris Office Sought: X House Senate President State: WA District: 5	ment For: 2008 Primary General Other (specify)	1	⁻ уре					
Э.	Full Name (Last, First, Middle Initial) Chandler for Congress				Date	action ID: of Disburs	ement		
	Mailing Address P.O. Box 12678				0 ^M 3	M / D 2	20 /	žo	Ď 7 [*]
	Lexington	State Zip Code KY 40583			Amou	nt of Each	Disburse		is Period 0.00
	Purpose of Disbursement Candidate Name Chandler		Ca	011 tegory/				100	0.00
	Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify)	1	- уре					
S	UBTOTAL of Disbursements This Page (optional)			▶				350	0.00
T	OTAL This Period (last page this line number only)			•					

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER:	PAC	3E 22 / 4	U
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	and address of any political co	minitiee to so	ion continuutions	a moin such CC	ATTITULE C	
American Physical Therapy Association Ph (PT-PA	ysical Therapy Political Ad	ction Comm	ttee			
Full Name (Last, First, Middle Initial)			Transaction	ID : 1980918	37	
Charlie Dent for Congress			Date of Disbu			V
Mailing Address P.O. Box 442			03 M	^D 20 / Y	2007	
	State Zip Code PA 18105		Amount of Ea	ach Disbursen		
Purpose of Disbursement	Г				1000.0	0
Candidate Name		011 Category/				
Charlie Dent	`	Type				
X	ment For: 2008					
Senate X President	Primary General Other (specify) ▼					
State: PA District: 15						
Full Name (Last, First, Middle Initial)				ID: 1980936	2	
Congressional Black Caucus PAC			Date of Disbu	ursement	· v · v ·	V
Mailing Address 509 C Street, NE			0 3 1	20 /	ž 0 ŏ 7	
,	State Zip Code DC 20002		Amount of Ea	ach Disbursen	nent this P	eriod
Purpose of Disbursement	20002	-			5000.0	0
		011				
Candidate Name		Category/ Type				
Office Sought: House Disburse	ment For: Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) Courtney for Congress			Transaction Date of Disbu	ID: 1980893	3	
			M M /	20 / Y	ž 0 0 7	Υ
Mailing Address 301 4th Street, NE			0.3			
,	State Zip Code DC 20002		Amount of Ea	ach Disbursen	nent this P	eriod
Purpose of Disbursement					1000.0	0
Candidate Name		011				
Courtney	'	Category/ Type				
	ment For: 2008					
Senate X President	Primary General Other (specify) ▼					
State: CT District: 2	Carol (apooliy)					
SUBTOTAL of Disbursements This Page (optional) .					7000.0	0
						=
TOTAL This Period (last page this line number only)			L			

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		LINE ck only	NUMBE	H:	LP	AGE	23 / 40)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 280	\Box	25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									•
NAME OF COMMITTEE (In Full)	and address of any political co	OTHITILLE!	10 50	ion contr	iDULIOI IS I	TOTTI SUCTI	COITIIII	illee	
American Physical Therapy Association Pl (PT-PA	nysical Therapy Political A	ction C	omm 	ittee					
Full Name (Last, First, Middle Initial)) : 19809	101		
Cte. for the Preservation of Capitalism					of Disbur		V V		v
Mailing Address P.O. Box 65314				0 ^M 3	INI / D	20 /	20	o ŏ 7	
City Washington	State Zip Code DC 20036			Amou	nt of Eac	h Disburs	ement	this Pe	eriod
Purpose of Disbursement	20030						50	0.00	0
		011							
Candidate Name		Categor Type	у/						
Office Sought: House Disburse	ement For: Primary General								
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)) : 19809	199		
Dave Camp For Congress					of Disbur	sement	V	V	v .
Mailing Address 5915 Eastman Ave. Sui	te 100			0 ^M 3	M / D	20 /	Ž) Ď 7	Y
City Midland	State Zip Code MI 48640			Amou	nt of Eac	h Disburs	ement	this Pe	eriod
Purpose of Disbursement							50	0.00	0
		011							
Candidate Name Mr. David Camp		Categor Type	y/						
<u> </u>	ement For: 2008	. , po							
	Primary General								
State: MI District: 4	Other (specify)								
Full Name (Last, First, Middle Initial)				Trans	action II	D : 19809	107		
Dutch Ruppersberger For Congress					of Disbur		13/		
Mailing Address 22 West Padonia Road S	Suita C-141			0 ^M 3	M / D	2 0 /	ž	0 ŏ 7	Y
ZZ West Fauoria Road s	Duile U-141					الت			
City Timonium	State Zip Code MD 21093			Amou	nt of Eac	h Disburs	ement	this Pe	eriod
Purpose of Disbursement	INID 21093		_				1(0.00	0
Turpose of Biobardonient		011						-	
Candidate Name C.A. Dutch Ruppersberger		Categoi Type	y/						
Office Sought: X House Disburse	ement For: 2008	- 71							
	Primary General								
State: MD District: 2	Other (specify)								
State. Wide Blother. E				_					-
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				110	00.00	0
TOTAL This Period (last page this line number only)			•						
			-						

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check onl	NUMBER:	PAGE 24 / 40
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statemer for commercial purposes, other than using the name				
 NAME OF COMMITTEE (In Full) 	and address of any political co	mininge to SC	iicit continuutions mom s	Such Committee
American Physical Therapy Association Ph (PT-PA	ysical Therapy Political Ad	ction Comm	ittee	
Full Name (Last, First, Middle Initial)			Transaction ID: 198	809250
Earl Pomeroy For Congress			Date of Disburseme	
Mailing Address P.O. Box 9336			03 / 20	2007
•	itate Zip Code ND 58106		Amount of Each Dis	bursement this Period
Fargo Purpose of Disbursement	30100			2500.00
r dipose of Bisbursement		011		
Candidate Name Mr. Earl Pomeroy		Category/ Type		
Office Sought: χ House Disburser Senate χ	nent For: 2008 Primary General			
	Other (specify) ▼			
State: ND District: 1				
Full Name (Last, First, Middle Initial) Freedom Fund			Transaction ID: 198 Date of Disbursement	
			M M / D D	Ž O O T
Mailing Address 128 N. Columbus Street			03 20	2007
•	itate Zip Code /A 22314		Amount of Each Dis	bursement this Period
Purpose of Disbursement	22011			2500.00
		011		
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate				
President	Primary General Other (specify)			
State: District:	(-) , \			
Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy			Transaction ID: 198	000.70
			M M / D D	Ž O Ď 7
Mailing Address 151 Linden Road				
	state Zip Code NY 11501		Amount of Each Dis	bursement this Period
Purpose of Disbursement	11001			1000.00
		011		
Candidate Name Carolyn McCarthy		Category/ Type		
Office Sought: X House Disburser	nent For: 2008	.) 0		
	Primary General			
President State: NY District: 4	Other (specify)			
Oldio. 141 District. 7				
SUBTOTAL of Disbursements This Page (optional)		>		6000.00
TOTAL This Period (last page this line number only) .		▶		

	L B (I LCI OIIII 3X)	Use seperate schedule(s)		-OR LIN check o				L P.	AGE	25 / 4	U
ITEMIZED	DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28	2 🗅	23 28b	24 28c		25 29	26 30k
	copied from such Reports and State al purposes, other than using the na										
	OMMITTEE (In Full)	no and address of any political	COMM	mu ce lo	SOHOIL CO	or iti iDU	1110115 11(Jili SUCII	COITIII	ıııı ce	
\	Physical Therapy Association	Physical Therapy Political	Actio	n Com	mittee						
•	ast, First, Middle Initial)				Tra	ansac	tion ID:	198092	234		
• Friends Of	Farr						Disburse / D		V . V	V	V
Mailing Addr	ess 555 Capitol Mall Suite	425			O	3 ^M	້ _ ້2	2 0 /	2	0 ŏ 7	
City Sacrament	to.	State Zip Code CA 95814			An	nount	of Each	Disburs	ement	this P	eriod
	Disbursement	5/C 35014			$+$ Γ				1	000.0	0
			0	11							
Candidate Na Mr. Sam F	arr			egory/ ype							
Office Sough	X	sement For: 2008 K Primary General									
	President	Other (specify)									
State: CA	District: 17										
•	ast, First, Middle Initial)							198090	099		
- Friends Of	John Boehner				Da		Disburse / D	ement	v v	V -	V
Mailing Addr	ess 7908-I Cincinnati Dayto	n Road				"3 [™]	[′] 2	20 /		0 ŏ 7	
City West Ches	tor	State Zip Code OH 45069			An	nount	of Each	Disburs	ement	this P	eriod
	Disbursement	40003							2	500.0	0
			0	11							
Candidate Na Mr. John B				egory/ ype							
Office Sough	- X	sement For: 2008 K Primary General									
State: OH	President District: 8	Other (specify)									
	ast, First, Middle Initial)				Tra	neac	tion ID:	198092	238		
Friends Of	Lois Capps				1		Disburse	ement	_00		
Mailing Addr	ess PO Box 23940				0	3	[′] 2	20 /	^Y ^Y 2	0 ŏ 7	Y
City Santa Barb	nara	State Zip Code CA 93121			An	nount	of Each	Disburs	ement	this P	eriod
	Disbursement	551Z1	_	•	+				1	000.0	0
				11							
Candidate Na Lois Capps				egory/ ype							
Office Sough		sement For: 2008									
		Primary General									
State: CA	President District: 22	Other (specify)									
					 		•		4	500.0	0
SUBTOTAL of	Disbursements This Page (optional)		. •	F				7		-
TOTAL This P	eriod (last page this line number onl	/)		. •							

TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(0.	eck only	_ ′						
	Detailed Summary Fage		Н	21b 27	22 28a	X	23 28b	\square	24 28c	25 29	26 30k
ny Information copied from such Reports and Star r for commercial purposes, other than using the na											ns
NAME OF COMMITTEE (In Full)	The and address of any politica	COIII	1111111	ee to so	IICIL CONL	ributi	IONS II	OIII St	ich con	imilitee	
American Physical Therapy Association (PT-PA	Physical Therapy Political	Acti	ion	Comm	ittee						
Full Name (Last, First, Middle Initial)					Trans	sacti	on ID	: 198	09175		
· Friends Of Mary Landrieu Inc					Date	of Di	isburs			V V	V
Mailing Address 607 14th Street Nw Su Suite 1434	te 800				0,3	IVI	′	2 0	′	ž 0 ŏ	7 '
City	State Zip Code DC 20005				Amou	ınt o	f Each	n Disb	urseme	nt this	Period
Washington Purpose of Disbursement	DC 20005									1000.	00
r dipose of Disbursement			01	1					-		
Candidate Name Mary Landrieu			ateg Typ	ory/ e							
X Senate President	sement For: 2008 X Primary General Other (specify)										
State: DC District: 2											
Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel					Date	of D	isburs	emen			V
Mailing Address P.O. Box 101124					0 3	М	/ D	2 0	/ L	ž 0 ŏ	7 ^Y
City Chicago	State Zip Code IL 60610				Amou	ınt o	f Each	Disb	urseme		
Purpose of Disbursement			01	1		-	-	-		1000.	.00
Candidate Name Rahm Emanuel			ateg Typ	ory/ e							
Office Sought: X House Senate President Disbut	sement For: 2008 X Primary General Other (specify)										
State: IL District: 5											
Full Name (Last, First, Middle Initial) Gary Miller for Congress							on ID isburs		09236 t		
Mailing Address 721 S. Brea Canyon F Suite 7	pad				0 ^M 3	М	^D 2	20	/ Y	žoŏ	7 ^Y
City Walnut	State Zip Code CA 91789				Amou	ınt o	f Each	n Disb	urseme		
Purpose of Disbursement			01			-	-			1000.	00
Candidate Name Gary Miller		Ca	_	ory/							
Office Sought: X House Senate President State: CA District: 42	sement For: 2008 X Primary General Other (specify)										
SUBTOTAL of Disbursements This Page (options)			<u> </u>		•				3000.	00

	ilboll b (i loi oilli sx)	Use seperate schedule(s)		FOR LIN (check o	IE NUME nlv one)	BER:		P	AGE	2//4	U	_
ITEI	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28	a X	23 28b	24 28c	Н	25 29	26	
	formation copied from such Reports and Staten commercial purposes, other than using the nam										•	
	Commercial purposes, other than using the name AME OF COMMITTEE (In Full)	e and address of any political	COITI	intlee to	SUIIUIL UU	itiibu	110115 110	JIII SUCII	COHIII	iiiiee		_
A	merican Physical Therapy Association P T-PA	hysical Therapy Political	Actio	n Com	mittee							
	ıll Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	198089	925			
4. G	eoff Davis for Congress						Disburse / D		V * V	V	V	
M	ailing Address P.O. Box 2776				0 ^M	3 ™	້ 2	0 /		0 ŏ 7		
C	ty rlington	State Zip Code VA 22202			Am	ount o	of Each	Disburse	emen	t this P	eriod	_
_	urpose of Disbursement				7 L				, 2	500.0	0	
_	an didata Nama)11								
	andidate Name eoff Davis			egory/ ype								
0	X	ement For: 2008 Primary General										
	President	Other (specify)										
St	ate: KY District: 4											
•	ull Name (Last, First, Middle Initial)				1			198092	240			
J . JI	m Ramstad Volunteer Committee				_ Dat	-	Disburse / D	ement	y · y	ν.	Y	
М	ailing Address 1809 Plymouth Road So	uth #310			O		້ 2	Ŏ		0 Ď 7		
C	ty innetonka	State Zip Code MN 55305			Am	ount o	of Each	Disburse	emen	t this P	eriod	_
_	urpose of Disbursement								2	500.0	0	
_)11								
	andidate Name r. James Ramstad			egory/ ype								
0	ffice Sought: X House Disburse	ement For: 2008		<u> </u>								
		Primary General										
St	ate: MN District: 3	Other (specify)										
_	Ill Name (Last, First, Middle Initial)				-		-	198092	248			_
٠. La	angevin For Congress				Dat	e of D	Disburse / D		v · v	· ·	V	
M	ailing Address 181-A Knight St				O	3 ™	້ 2	0 /	2	0 ŏ 7		
C	ty /arwick	State Zip Code RI 02886			Am	ount o	of Each	Disburse	emen	t this P	eriod	
_	urpose of Disbursement				1 L				1	000.0	0	
_	and data Name)11								
	andidate Name r. James Langevin			egory/ ype								
O	· — —	ement For: 2008										
	Senate X President	Primary General										
St	ate: RI District: 2	Other (specify)										
0/15	-					•			6	0.00	0	_
SUB	TOTAL of Disbursements This Page (optional)			<u> </u>	H				- 0	JUJ.0	•	
тот	AL This Period (last page this line number only)			. •								

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check only	NUMBER:	L	PAGE 28	3 / 40
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 24 28b 28	4 25 3c 29	
Any Information copied from such Reports and State or for commercial purposes, other than using the nan						
 NAME OF COMMITTEE (In Full) 	e and address of any political co	minilitee to SO		10115 110111 500	ar Committe	
American Physical Therapy Association F (PT-PA	hysical Therapy Political Ad	ction Comm	ittee			
Full Name (Last, First, Middle Initial)				on ID: 1980	9119	
Latham For Congress				isbursement	V V V	v v
Mailing Address PO Box 71			0 3		Ý 200	0.7
City Clarion	State Zip Code IA 50525		Amount o	f Each Disbu		
Purpose of Disbursement	Г	1			100	0.00
Candidate Name Mr. Tom Latham		011 Category/				
	ement For: 2008	Туре				
Senate President	Primary General Other (specify) ▼					
State: IA District: 5 Full Name (Last, First, Middle Initial)				ID 1000	0004	
Linc Pac				isbursement		V * V
Mailing Address 301 4th Street, NE 2nd Floor			0 3	20	žo	07
City Washington	State Zip Code DC 20002		Amount o	f Each Disbu		
Purpose of Disbursement	lΓ	011			500	0.00
Candidate Name		Category/ Type				
Office Sought: Senate President State: Disburs	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Transacti	on ID: 1980	0262	
Marion Berry For Congress				isbursement	9000	
Mailing Address P.O. Box 8084			0 3	20	^Y 200	Ď 7 [°]
City Jonesboro	State Zip Code AR 72403		Amount o	f Each Disbu	rsement thi	is Period
Purpose of Disbursement		011			250	0.00
Candidate Name Marion Berry	L.	Category/ Type				
	ement For: 2008 Primary General Other (specify)					
						2 00
SUBTOTAL of Disbursements This Page (optional)		>			850	0.00
TOTAL This Period (last page this line number only)	•				

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	١ .		E NUMBE	:R:	PA	AGE 29	/ 40
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				for the pu	rpose of s	olicating o		ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Physical Therapy Association Ph (PT-PA	· · · · · · · · · · · · · · · · · · ·				ibations in	om such c	Sommittee	
۸.	Full Name (Last, First, Middle Initial) Mcnulty For Congress Mailing Address P.O. Box 1560				Date	saction ID: of Disburso		83 ´ ž o ŏ	7 ^Y
	Green Island	State Zip Code NY 12183			Amou	int of Each	Disburse	ement this	
	Purpose of Disbursement Candidate Name Mr. Michael McNulty		Ca	011 tegory/		0 0		1000	7.00
	Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify)	<u> </u>) 					
3.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee				Date	saction ID: of Disburso	ement		V
	Mailing Address PO Box 360				0,3		20 /	ŽOŎ	7
	Prescott	State Zip Code AR 71857			Amou	int of Each	Disburse		
	Purpose of Disbursement Candidate Name Mr. Michael Ross		Ca	011 tegory/				2500	7.00
		ment For: 2008 Primary General Other (specify)		<i>.</i> .					
Э.	Full Name (Last, First, Middle Initial) Murtha For Congress Committee				Date	saction ID: of Disburs	ement		V
	Mailing Address Suite 220 551 Main Stree Bt Financial Plaza Suite 2				0 ^M 3	M / D 2	20 /	ŽOŎ	7
	Johnstown	State Zip Code PA 15901			Amou	int of Each	Disburse		
	Purpose of Disbursement Candidate Name			011 tegory/				2500	7.00
	X	ment For: 2008		уре					
	Senate X President State: PA District: 12	Primary General Other (specify) ▼							
s	UBTOTAL of Disbursements This Page (optional) .			▶				6000	0.00
T	OTAL This Period (last page this line number only)			•					

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		OR LIN heck or	E NUMBE ilv one)	:K:	L PA	AGE 30	/ 40
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)	and address of any political c	, J. I. II. II.	10 8	CHOIL COILL	iouii0113			
American Physical Therapy Association Ph (PT-PA	ysical Therapy Political A	Action	Comr	mittee				
Full Name (Last, First, Middle Initial)				Trans	action II	D : 198093	365	
Next Century Fund					of Disbur		V * V * V	V
Mailing Address 116 S. Royal Street				0 ^M 3	M / D	20 /	žoŏ	7 *
	State Zip Code VA 22314			Amou	int of Eac	h Disburse	ement this	Period
Purpose of Disbursement	V// 22011		-	- [5000	0.00
		01						
Candidate Name		Cate Typ						
Office Sought: House Disburse	ment For: Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)						D: 198091	179	
Pallone For Congress					of Disbur		v	V
Mailing Address PO Box 3176				0 3	W / D	20	žoŏ	7
,	State Zip Code NJ 07740			Amou	int of Eac	h Disburse	ement this	Period
Purpose of Disbursement	077.10	_		1 [1000	0.00
		01						
Candidate Name Mr. Frank Pallone		Cate Typ						
Office Sought: X House Disburse	ment For: 2008	,,		1				
	Primary General							
State: NJ District: 6	Other (specify) ▼							
Full Name (Last, First, Middle Initial)				Trans	action II	D : 198089	926	
Phil Pac					of Disbur	sement		
Mailing Address 104 Hume Avenue				0 3	M / D	20 /	žoŏ	7
,	State Zip Code VA 22301			Amou	int of Eac	h Disburse	ement this	Period
Purpose of Disbursement	VA 22001			+ -			2500	0.00
		01	1					
Candidate Name		Cate:						
	ment For:							
Senate President	Primary General Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)			•				8500	.00
TOTAL This Period (last page this line number only)			•					

SCHEDULE B (FEC FOIIII 3X)	Lica congrata congdula(c)	OR LINE NUMBER:	PAGE 31 / 40
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only one) 21b 22 X 27 28a	23 24 25 26 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Physical Therapy Association Ph (PT-PA			
Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee Mailing Address 76 Magnolia Terrace			Dr. 19809229 sbursement
,	State Zip Code MA 01108	Amount of	Each Disbursement this Period
Purpose of Disbursement		11	2500.00
Candidate Name Mr. Richard Neal Office Sought: X House Disburser	T	egory/ /pe	
	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) 3. Ron Lewis For Congress			on ID: 19808918 sbursement
Mailing Address PO Box 307		03 4	207
Elizabethtown	State Zip Code KY 42702	Amount of	Each Disbursement this Period 2500.00
Purpose of Disbursement Candidate Name Mr. Ron Lewis	Cat	egory/	2300.00
Office Sought: X House Senate President State: KY District: 2	nent For: 2008 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) ROYB Fund		Date of Dis	on ID: 19808917 sbursement
Mailing Address 209 Pennsylvania Avenue	e, SE	03 4	D 2 0
Washington	State Zip Code DC 20004	Amount of	Each Disbursement this Period 5000.00
Purpose of Disbursement Candidate Name	Cat	11 egory/ /pe	, , , , , , , , , , , , , , , , , , , ,
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			10000.00
TOTAL This Period (last page this line number only)		•	

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)	(check only		[P.	AGE 32/4	10
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27		23 24 28b 28c	25 29	26 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na						3
NAME OF COMMITTEE (In Full)	ne and address of any political co	mininge to SO		JIIS ITUITI SUCIT	Committee	
American Physical Therapy Association (PT-PA	Physical Therapy Political Ad	ction Comm	ittee			
Full Name (Last, First, Middle Initial)			Transactio	on ID: 198092	218	
Graves For Congress				sbursement	V * V * V *	V
Mailing Address 2345 Grand Suite 240			03	^D 20 /	žoŏ7	
City	State Zip Code		Amount of	Each Disburs	ement this F	eriod
Kansas City Purpose of Disbursement	MO 64108			• • • •	1000.0	00
r dipose of Disbursement		011				-
Candidate Name Samuel Graves		Category/ Type				
X	sement For: 2008					
Senate President	X Primary General Other (specify) ▼					
State: MO District: 6	c.i.i.e. (c pcci.i.j)/ ▼					
Full Name (Last, First, Middle Initial)			Transactio	on ID: 19809	198	
Stephanie Tubbs Jones For Us Congres	i			sbursement		_
Mailing Address 3729 Silsby Rd			03 /	20	žoŏ7	Y
City University Heights	State Zip Code OH 44118		Amount of	Each Disburs		-
Purpose of Disbursement	Г	•			1000.0	00
Candidate Name		011 Category/				
Stephanie Jones		Type				
Office Sought: X House Disbu Senate President	sement For: 2008 X Primary General Other (specify)					
State: OH District: 11						
Full Name (Last, First, Middle Initial) Collins For Senator				on ID: 198092 sbursement	231	
Mailing Address PO Box 1096			03 4	^D 20 /	[°] 2007	Y
City Bangor	State Zip Code ME 04402		Amount of	Each Disburs	ement this F	eriod
Purpose of Disbursement		011			2500.0	00
Candidate Name Susan Collins		Category/ Type				
Office Sought: House Disbu X Senate President State: ME District: 2	sement For: 2008 X Primary General Other (specify)					
					4500.0	0
SUBTOTAL of Disbursements This Page (optional)	<u></u>			4500.0	
TOTAL This Period (last page this line number or	y)					

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		NUMBER:	Į	PAGE	33 / 40)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 28a		24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							•
 NAME OF COMMITTEE (In Full) 	and address of any political co	Jimmilee IO SO	non continual	iona mom su	OII GOIIIII	iill oc	
American Physical Therapy Association Ph (PT-PA	ysical Therapy Political Ad	ction Comm	ittee				
Full Name (Last, First, Middle Initial)			Transacti	on ID: 1980	9180		
Team Emerson For Jo Ann Emerson				isbursement			
Mailing Address PO Box 822 P.O. Box 822			0,3 ,	20	ž	0 ŏ 7 `	
,	State Zip Code MO 63702		Amount o	f Each Disbu	ırsement	this Pe	eriod
Purpose of Disbursement	03702				2	500.00)
		011					
Candidate Name Jo Emerson		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)						
State: MO District: 8 Full Name (Last, First, Middle Initial)							
3- Tim Murphy For Congress				i on ID: 1980 isbursement			
Mailing Address PO Box 24551			0 3		Y Y	0 0 7	
,	State Zip Code PA 15234		Amount o	f Each Disbu			-
Purpose of Disbursement	Γ	011			2	500.00)
Candidate Name Mr. Tim Murphy		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)						
State: PA District: 18							
Full Name (Last, First, Middle Initial) Tom Davis For Congress				on ID: 1980 isbursement	,,,,,		
Mailing Address 6429 Downing Court			0 3		y y	0 Ď 7 `	
,	State Zip Code VA 22003		Amount o	f Each Disbu	ırsement	this Pe	eriod
Purpose of Disbursement	- Γ	011	L		. 1	000.00)
Candidate Name Mr. Thomas Davis	L	Category/ Type					
-	ment For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional) .					.60	00.00	
TOTAL This Period (last page this line number only)			L				

SCHEDOLL B (I LCT OIIII 37	Use seperate schedule(s)	Check onl	: NUMBER: PAGE 34 / 40
TEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports ar or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)	the hame and address of any politica	i committee to st	mon contributions from such confinitee
American Physical Therapy Associ (PT-PA	ation Physical Therapy Political	Action Comm	ittee
Full Name (Last, First, Middle Initial)			Transaction ID: 19809102
Volunteers For Shimkus			Date of Disbursement
Mailing Address P.O. Box 5458 PO Box 5458			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & O \end{smallmatrix} 7 \end{bmatrix}$
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period
Purpose of Disbursement		-	2500.00
Condidate Name		011	
Candidate Name Mr. John Shimkus		Category/ Type	
Office Sought: X House Senate	Disbursement For: 2008 X Primary General		
President	Other (specify)		
State: IL District: 20			
Full Name (Last, First, Middle Initial)			Transaction ID: 19809190
Friends of Joe Pitts Committee			Date of Disbursement
Mailing Address P.O. Box 2776			
City Arlington	State Zip Code VA 22202		Amount of Each Disbursement this Period
Purpose of Disbursement		1	1000.00
Candidate Name		011 Category/	
Joseph Pitts		Type	
Office Sought: X House Senate President	Disbursement For: 2008 X Primary General Other (specify)		
State: PA District: 16			
Full Name (Last, First, Middle Initial) Gerlach for Congress			Transaction ID: 19809235 Date of Disbursement
Mailing Address P.O. Box 2776			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} & \begin{smallmatrix} D & D \\ & D & O \end{smallmatrix} & \begin{smallmatrix} D & D \\ & D & O \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & O \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & O & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & O \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} Y \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} D \\ & D & D & D \end{smallmatrix} & D \end{smallmatrix} & \begin{smallmatrix} D \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} D \\ & D & D & D \end{smallmatrix} & \begin{smallmatrix} D \\ & D & D & D \end{smallmatrix} & D \end{smallmatrix} & \begin{smallmatrix} D \\ & D & D & D \end{smallmatrix} & D \end{smallmatrix} & \begin{smallmatrix} D \\ & D & D & D \end{smallmatrix} & D D \end{smallmatrix} & D D D D D D D D$
City	State Zip Code		Amount of Each Disbursement this Period
Arlington	VA 22202		1000.00
Purpose of Disbursement		011	1000.00
Candidate Name James Gerlach		Category/ Type	
Senate President	Disbursement For: 2008 X Primary General Other (specify)		
State: PA District: 6			
SUBTOTAL of Disbursements This Page (d	optional))	4500.00
TOTAL This Period (last page this line num	ber only)	>	

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 35 / 40	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26	6 0b
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	ic and address of any political co		ion contributions from such committee	_
American Physical Therapy Association (PT-PA	Physical Therapy Political Ac	ction Comm	ittee	
Full Name (Last, First, Middle Initial)			Transaction ID: 19809127	
Rogers for Congress			Date of Disbursement	
Mailing Address P.O. Box 581			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$	
City Brighton	State Zip Code MI 48116		Amount of Each Disbursement this Period	1
Purpose of Disbursement		* *	2500.00	
Candidate Name Michael Rogers		011 Category/		
	ement For: 2008	Туре		
Senate President	Primary General Other (specify) ▼			
State: MI District: 8				_
Full Name (Last, First, Middle Initial) Solis For Congress			Transaction ID: 19809100 Date of Disbursement	
			M M / D D / Y Y Y	
Mailing Address 6380 Wilshire Blvd. #1			03 20 2007	
City Los Angeles	State Zip Code CA 90048		Amount of Each Disbursement this Period	
Purpose of Disbursement		•	1000.00	
Candidate Name		011		
Rep. Hilda L. Solis		Category/ Type		
X	ement For: 2008 Primary General Other (specify)			
State: CA District: 32				
Full Name (Last, First, Middle Initial) Friends Of Dave Reichert			Transaction ID: 19808932 Date of Disbursement	
Mailing Address P. O. Box 53322			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{bmatrix}$	
City Bellevue	State Zip Code WA 98015		Amount of Each Disbursement this Period	_
Purpose of Disbursement		* *	1000.00	
Candidate Name		011 Category/		
Rep. David George Reichert		Туре		
Senate President	ement For: 2008 Primary General Other (specify)			
State: WA District: 8				_
SUBTOTAL of Disbursements This Page (optional		>	4500.00]
TOTAL This Period (last page this line number on	r)	•		

	STIEDOLL B (I LOT OTTI 3X)	Use seperate schedule(s)		FOR LIN (check o				L P.	AGE	36 / 4	U	
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		e) 22 > 28a -	23 28b	24 28c	R	25 29	igsquare	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											
UI \	NAME OF COMMITTEE (In Full)	and address of any political	COIIII	intl ee to	SUIICIL	CONTINUE	110115 110	JIII SUUII	COITI	muee		
\rangle	American Physical Therapy Association Ph (PT-PA	ysical Therapy Political	Actic	n Com	mitte	e						
	Full Name (Last, First, Middle Initial)							198092	244			
٦.	Mark Udall For Congress Inc.					Date of D			Y Y	Y	Υ	
	Mailing Address 8690 Wolff Court #200					03	2	O /	2	0 0 7		
	,	State Zip Code CO 80031				Amount	of Each	Disburs	emen	t this P	eriod	
	Purpose of Disbursement	00001							2	2500.0	0	
)11								
	Candidate Name Rep. Mark Udall			egory/ ype								
	X	ment For: 2008 Primary General										
	President	Other (specify)										
	State: CO District: 2											
3.	Full Name (Last, First, Middle Initial) Matheson For Congress					Transac Date of D		198092	239			
					_	M M	/ D	D /	Y Y	Y _	Υ	
	Mailing Address PO Box 521048 Suite A					0 3	2	0	2	0 0 7		
	,	State Zip Code UT 84152			1	Amount	of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement								1	000.0	0	
	Candidate Name)11								
	Rep. James Matheson			tegory/ ype								
	Office Sought: X House Disburse											
	Senate X President	Primary General Other (specify) ▼										
	State: UT District: 2	outer (opeony) V										
•	Full Name (Last, First, Middle Initial)							198092	241			
•	Loebsack For Congress				_	Date of [ΥΥ	Υ Υ	Υ	
	Mailing Address PO Box 1457					0 3	2	0 /	2	0 0 7		
	,	State Zip Code IA 52244			1	Amount	of Each	Disburs	emen	t this P	eriod	
	Purpose of Disbursement	02211		-					1	000.0	0	
	On the Name			011								
	Candidate Name Rep. Dave Loebsack			egory/ ype								
	Office Sought: X House Disburse											
	Senate X President	Primary General Other (specify) ▼										
	State: IA District: 2	outer (opcony) ▼										
s	UBTOTAL of Disbursements This Page (optional) .			▶					4	500.0	0	
					·					-		Ī
T	OTAL This Period (last page this line number only)			▶	•							

SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)	(check				L P/	AGE 3	3/ / 40)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	. <u> </u>	e) 22 X 28a	23 28b	24 28c	\vdash	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	and address of any political co	ATTITULE LC	SUILLI	CONTINU	110113 110	iii Sucil	COMMIN		
American Physical Therapy Association P (PT-PA	nysical Therapy Political Ad	ction Con	nmitte	e					
Full Name (Last, First, Middle Initial)			Т	ransact	ion ID:	198486	626		
Pete Stark Re-Election Committee				Date of D			v • v	V ° \	/
Mailing Address P.O. Box 8331				0,3 ,	2	0 /	20) Ď 7 `	
City Fremont	State Zip Code CA 94537		-	Amount o	of Each	Disburse	ement t	his Pe	eriod
Purpose of Disbursement	0/1 3430 <i>1</i>						25	00.00	
		011	Ш.						
Candidate Name Rep. Fortney Stark		Category/ Type							
A THE	ement For: 2008 Primary General								
President	Other (specify)								
State: CA District: 13									
Full Name (Last, First, Middle Initial)						198093	867		
Tom Allen For Congress Committee				Date of D			v v	V ° \	/
Mailing Address P.O. Box 17766				0 3	2	7	20) Ď 7 `	
City Portland	State Zip Code ME 04112		1	Amount o	of Each	Disburse	ement t	his Pe	eriod
Purpose of Disbursement							10	00.00)
0 51 1 1		011							
Candidate Name Mr. Thomas Allen	'	Category/ Type							
Office Sought: X House Disburse	ement For: 2008	71							
	Primary General								
State: ME District: 1	Other (specify)								
Full Name (Last, First, Middle Initial)					-	198093	377		
Boswell For Congress				Date of D			v v	Y - \	/
Mailing Address PO Box 6220				0 3	[′] 2	7	20) Ď 7 `	
City Des Moines	State Zip Code IA 50309		1	Amount o	of Each	Disburse	ement t	his Pe	eriod
Purpose of Disbursement			_				10	00.00) <u> </u>
		011							
Candidate Name Mr. Leonard Boswell	'	Category/ Type							
Office Sought: X House Disburse	ement For: 2008								
	Primary General								
State: IA District: 3	Other (specify)								
						-		00.00	
SUBTOTAL of Disbursements This Page (optional)		<u>I</u>	<u> </u>				45	00.00)
TOTAL This Period (last page this line number only)		I	•						

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		LINE I k only	NUMBEF One)	₹:	L PA	AGE	38 / 4	U	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l È	1b Ĺ	22 [28a [X 23 28b	24 28c	H	25 29	26 30k	
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name									•	
NAME OF COMMITTEE (In Full)	and address or any political CC	Jillillillee	io soli	on Contin	JULIOI IS III	om auch	COITIII	CE		
American Physical Therapy Association Ph (PT-PA	ysical Therapy Political Ad	ction Co	mmit	tee						
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 198093	375			
Butterfield for Congress Committee	tterfield for Congress Committee			Date of Disbursement						
Mailing Address 800 W. Hines Street				0,3		27 /	Ž	0 ŏ 7		
	tate Zip Code VC 27893			Amour	nt of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement	27093		_				1	0.00	0	
·		011								
Candidate Name Butterfield		Category Type	7/							
Office Sought: X House Disburser Senate X	nent For: 2008 Primary General									
President	Other (specify)									
State: NC District: 1	· 									
Full Name (Last, First, Middle Initial)					ction ID:		368			
3. Cathy McMorris for Congress				Date of	f Disburs		v v		V	
Mailing Address P.O. Box 137				0,3	<u> </u>	27 /	2	0 ŏ 7		
•	tate Zip Code VA 99210			Amour	nt of Each	Disburse			-	
Purpose of Disbursement		011						500.0	0	
Candidate Name Cathy McMorris	\	011 Category Type	/							
Office Sought: X House Disburser	nent For: 2008	Турс								
	Primary General									
State: WA District: 5	Other (specify) ▼									
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 198093	372			
Grassley Committee Inc					f Disburs				_	
Mailing Address PO Box 1000				0,3	^D 2	27 /	ž	0 ŏ 7	Y	
•	tate Zip Code A 50304			Amour	nt of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement			7				2	000.0	0	
-		011								
Candidate Name Mr. Charles Grassley	'	Category Type	/							
Office Sought: House Disburser	nent For: 2010									
	Primary General									
President State: IA District: 1	Other (specify) ▼									
					•		-	.00 5		
SUBTOTAL of Disbursements This Page (optional)			<u> </u>	<u></u>			35	500.0	0	
TOTAL This Period (last page this line number only)			•							

SCIEDOLL B (I LCI OIIII 3X)		Use seperate schedule(s)		FOR LIN (check o		: NUMBER: PAGE 39 / 40 lv one)						
ITEMIZE	D DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b			
	on copied from such Reports and Stater cial purposes, other than using the name											
	Clair purposes, other triair using the riain	o and address of any politica			Johon Gorn							
\	n Physical Therapy Association P	hysical Therapy Political	Actio	n Com	mittee							
	(Last, First, Middle Initial)): 198093	 371				
• Herseth	For Congress					of Disburs		V	V			
Mailing Ac	Mailing Address PO Box 2009				0 ³ 3		27	Ý ŽOĎ	7			
City Sioux Fa	.llo	State Zip Code SD 57101					Amount of Each Disbursement this Period					
	f Disbursement	3/ 101			-			1000.	00			
	Dissurscritche			011								
Candidate Stephan	Name ie Herseth			egory/ ype								
Office Sou		ement For: 2008										
	Senate X President	Primary General Other (specify)										
State: SD	District: 1	(- 3)/ \										
_	(Last, First, Middle Initial)				Trans	saction IE) : 198093	370				
• Kirk For	Congress					of Disburs						
Mailing Ac	ddress P.O. Box 8				0,3	M / D	27 /	žoŏ	7			
City Winnetk	a	State Zip Code IL 60093			Amou	unt of Eac	h Disburs	ement this	Period			
	f Disbursement	12 00000			$+$ $+$ \cdot			1000.	00			
)11								
Candidate Mr. Mark				egory/ ype								
Office Sou		ement For: 2008										
	Senate X President	Primary General Other (specify) ▼										
State: IL	District: 10	Other (openity)										
•	(Last, First, Middle Initial)				Trans	saction IE) : 198093	379				
Kendrick Meek Campaign For Congress					Date	of Disburs		v · v · · ·				
Mailing Ac	ddress 111 Nw 183rd Street Suite 325				0 3	M / D	30 /	žoŏ	7			
City Miami		State Zip Code FL 33169			Amou	unt of Eac	h Disburs	ement this	Period			
	f Disbursement	16 33103			$+$ \square			1000.	00			
	011											
Candidate Mr. Kend	Name drick Meek			egory/ ype								
Office Sou		ement For: 2008										
	Senate X President	Primary General Other (specify) ▼										
State: FL		Culei (Specily)										
SUBTOTAL	of Disbursements This Page (optional)			▶				3000.	00			
								100000	00			
TOTAL This	Period (last page this line number only			▶	L.			136000.	UU			

Image# 27930659564

_							
S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 40 / 40			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22			
	y Information copied from such Reports and S for commercial purposes, other than using the						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
	American Physical Therapy Association (PT-PA	on Physical Therapy Political A	ction Comm	ittee			
	Full Name (Last, First, Middle Initial)			Transaction ID: 19808748			
۹.	SunTrust Bank Date of Disbursement						
	Mailing Address Old Town Branch King Street			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 0 & 7 & \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & & Y & 2 & 0 & 0 & 7 \\ & & 2 & 0 & 0 & 7 \end{bmatrix}$			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Alexandria	VA 22314		0540.05			
	Purpose of Disbursement		001	3540.35			
	Candidate Name		Category/ Type				
	Office Sought: House Dis	bursement For:					
	Senate	Primary General					
	President	Other (specify)					
	State: District:						

SUBTOTAL of Disbursements This Page (optional)	•	3540.35
TOTAL This Period (last page this line number only)	<u> </u>	3540.35